

**APPLICATION OF EMPLOYMENT**

Name (Last, First, Middle Initial):

Position You Are Applying for:

Available Start Date:

Employment Status:    Student    Non-Student    Professional Expert

**CONTACT INFORMATION**

Preferred Phone #

Alternate Phone #

Email Address

Street Address

City

State & Zip Code

**Please answer the following questions:**

1. Are you able to perform the essential functions of the job with or without reasonable accommodation?  
 Yes    No
  
2. You will be required to provide proof of your identity and employment eligibility if you are hired. Are you presently legally authorized to work in the United States?    Yes    No
  
3. If you are hired and are required to travel, do you possess a valid California Driver License?  
 Yes    No  
  
If not, do you possess a valid Driver License from another state?  
 Yes    No   State \_\_\_\_\_
  
4. Have you ever been convicted of a crime – including a plea of guilty – which resulted in a criminal conviction that has not been judicially ordered sealed or expunged? (*Your response should **exclude** the following: 1.) misdemeanor convictions for marijuana-related offenses more than two years old as of the date that you complete this application 2.) convictions that have been discharged or dismissed; and 3.) any adjudication or action taken under juvenile court.*) Other than specific criminal offenses that bar employment with the District as mandated by Education Code section 87405, the District will not deny employment to any applicant solely because the person has been convicted of a crime. However, the District may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position.  
  
 Yes    No
  
5. If you answered 'Yes' to Question 4, please briefly describe the nature of the crime(s), the date and the place of conviction(s), the case number(s), and the legal disposition of the case(s):  
  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you 18 years of age or older?  Yes  No

7. Have you ever worked for College of Marin (COM)?  Yes  No

If 'yes', please indicate under which name(s) you were employed at COM:

\_\_\_\_\_

If 'yes', please indicate the dates and job titles of your previous employment with COM:

\_\_\_\_\_

8. List any relatives who currently work for College of Marin and their department:

\_\_\_\_\_

11. Have you been or are you currently a member of the following retirement system(s)?

CalSTRS

CalPERS

(CA State Teachers' Retirement System)

(CA Public Employees Retirement System)

EDUCATION				
School Name	City/State	Major/Minor	Degree Received	Graduated?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Graduated or GED Equivalent?</i>
College/University			<input type="checkbox"/> PhD <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Other, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> PhD <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Other, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> PhD <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Other, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE		
Dates (mm/yyyy):	Employer:	Title:
From: _____ To: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hourly <input type="checkbox"/> Volunteer <input type="checkbox"/>	_____ Name _____ City/State _____ Telephone _____ Hours per week: _____ Supervisor: _____ Supervisor's Email: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed: _____ _____ _____ Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____

EXPERIENCE (continued)		
Dates (mm/yyyy):	Employer:	Title:
From: _____ To: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hourly <input type="checkbox"/> Volunteer <input type="checkbox"/>	_____ Name _____ City/State _____ Telephone Hours per week: _____ Supervisor: _____ Supervisor's Email: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed: _____ _____ _____ Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____
Dates (mm/yyyy):	Employer:	Title:
From: _____ To: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hourly <input type="checkbox"/> Volunteer <input type="checkbox"/>	_____ Name _____ City/State _____ Telephone Hours per week: _____ Supervisor: _____ Supervisor's Email: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed: _____ _____ _____ Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving: _____

(If you require additional space, please provide your additional Work Experience on a separate page; please make sure to include the information requested above)

REFERENCES			
Name	Occupation	Email Address	Phone Number

By signing below, I hereby certify that all statements made in this application are true; and I agree and understand that any misstatement or omission of material facts herein will cause forfeiture on my part to employment. I understand that this completed application is the property of College of Marin and will not be returned. I agree to be fingerprinted, to submit to a complete medical examination if required, to sign a loyalty oath, and, upon employment, to furnish identification and verification of eligibility to work in the United States as may be required. I understand and agree that statements made in this application may be subject to verification from each of my former employers and any other persons who may have information concerning me, and I hereby release any and all liability for any damage whatsoever incurred in furnishing such information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# COLLEGE OF MARIN

## EMPLOYEE/APPLICANT RELEASE AND DISCLOSURE FORM

**DISCLOSURE:**

Background checks are required for all employees hired, transferred, promoted, reclassified or reassigned to certain sensitive positions, or for the security for College resources. If the background check reveals a conviction or other information relevant to that position, you may be disqualified from holding that position. Your background check may contain the following:

- Criminal Records (fingerprints)
- Civil Records
- Driver License Status
- Social Security Verification
- Employment History
- Other (specify)

**AUTHORIZATION:**

I am required to furnish information for the use in determining my qualifications for a position at the College of Marin. I authorize the release of any and all information you may have concerning me or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. I am willing that a photocopy of this authorization be accepted the same as the original, and specifically waive any written notices from any present or past employer who may provide information based upon this request. I understand that these reports are privileged. I understand that future criminal behavior may be considered in a review of employment status by the College of Marin.

I hereby release, discharge and exonerate the College of Marin, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information and this release shall be binding on my legal representatives, heirs and assigns.

I understand that the College of Marin has sole authority to designate which positions or responsibilities require background checks.

By signing below, I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand and agree that statements made in this application may be subject to verification from each of my former employers and any other persons who may have information concerning me, and I hereby release any and all liability for any damage whatsoever incurred in furnishing such information. I understand that this completed application is the property of College of Marin and will not be returned. I agree to be fingerprinted, to submit to a complete medical examination if required, to sign a loyalty oath, and, upon employment, to furnish identification and verification of eligibility to work in the United States as may be required. I understand that my employment with the College of Marin depends upon my successful completion of a criminal background check investigation. I also understand that any misrepresentation, falsification, or omission of facts may be grounds for corrective action up to and including disqualification, release or dismissal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## VOLUNTARY SUPPLEMENTAL QUESTIONNAIRE

Marin Community College District requests the following information in order to comply with California and United States Government Equal Opportunity requirements. This optional information will have no bearing on your application and will be maintained in a confidential file. If you do not wish to answer a specific question, please check the "Decline to State" box.

1. What is your gender?  Male  Female  Decline to State
2. What is your age group?  Under 40  Over 40  Decline to State
3. What is your veteran status?  None  Vietnam Veteran  Special Disabled Veteran  
 Recently Separated Veteran (*1 year or less*)  
 Other Protected Veteran  Decline to State
4. With which ethnic group do you identify? (*please answer Part A and Part B*)
  - A.)  Hispanic/Latino  Not Hispanic/Latino
  - B.)  American Indian or Alaskan Native  
 Asian or Pacific Islander (*please specify below*)
    - Asian Indian
    - Cambodian
    - Chinese
    - Filipino/a
    - Guamanian
    - Hawaiian
    - Japanese
    - Korean
    - Laotian
    - Samoan
    - Vietnamese
    - Other Asian
  - Black or African American
  - White or Caucasian
  - Two or More Races
  - Decline to State
5. Do you have a disability?  Yes  No  Decline to State
6. How did you first hear about this opportunity?

<input type="checkbox"/> Cal Jobs ( <i>CA EDD's web site</i> )	<input type="checkbox"/> Higher Ed Jobs
<input type="checkbox"/> California Community Colleges Registry	<input type="checkbox"/> Blacks in Higher Education
<input type="checkbox"/> Chronicle of Higher Education	<input type="checkbox"/> Hispanics in Higher Education
<input type="checkbox"/> College of Marin Employee	<input type="checkbox"/> Marin Independent Journal
<input type="checkbox"/> College of Marin Web Site	<input type="checkbox"/> Personal Referral
<input type="checkbox"/> I am a current COM employee	<input type="checkbox"/> San Francisco Chronicle
<input type="checkbox"/> Craig's List	<input type="checkbox"/> Other, please list: _____